

UTAH DEPARTMENT OF WORKFORCE SERVICES

**STATEMENT REGARDING CLAIMS FOR BENEFITS**

Claimant's Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Reference (Enter type and date of claim): \_\_\_\_\_

Are you? 1. A Corporate Officer [ ] 2. Self Employed [ ] 3. Working on a Commission Basis [ ]

Name of business: \_\_\_\_\_

Type of business: \_\_\_\_\_

Your title: \_\_\_\_\_

Your job duties: \_\_\_\_\_

How long have you been involved in this business? \_\_\_\_\_

Time you spend each week: \_\_\_\_\_

Can you work full-time in this business? Yes [ ] No [ ] If no, explain \_\_\_\_\_

Will your duties with this business interfere with you seeking and accepting other full-time work? Yes [ ] No [ ]

If yes, how will it interfere? \_\_\_\_\_

What pay or remuneration will you receive? \_\_\_\_\_

What types of jobs are you willing to seek or accept at this time? \_\_\_\_\_

**List job contacts for the past 2 weeks on the reverse side.**

You are advised to make an active work search by contacting two (2) or more different employers in-person each week and to keep a list of all contacts. You are also advised to report all work, including time spent in meetings, doing paperwork, seeking customers, awaiting calls, etc., and to report any remuneration you will receive for your work whether paid or not.

**FOR PRIVACY ACT SEE UNEMPLOYMENT INSURANCE CLAIMANT GUIDE**

*I know that the law provides penalties for falsifying statements in order to obtain benefits. I certify that the above statements are true and correct to the best of my knowledge and belief.*

Signed By: \_\_\_\_\_

Representative: \_\_\_\_\_ Date Signed: \_\_\_\_\_